Supplemental Independent							SUPPLEMENTAL INDEPENDENT EXPENDITUR						
Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE			Amoi	pe or print in ink. unts may be round whole dollars.	led	from	s period	Date : 9/25/2	Stamp 2003		CALIFORN FORM	^{IA} 4	65
			☐ Am	Amendment (Explain Below		through <u>9/20/2003</u>					Page 1 of 5		
	Amendment No 000			(=,,p.a	. 20.0,	Date of election if (Month, Day	applicable:					al Use Or	nly
	Report No CM4					10/7/2003							
1. Commi	ttee/Filer Information	1	I.D. NUMB 1258279	ER (if recipient commi	ittee)	Treasurer	(If recipient	committee)		<u> </u>			
COMMITTEE	E/FILER'S NAME		1			NAME OF TREAS	SURER						
Community	Civic Participation Project sponsore	d by Labor Org	anizations			Jack Gribbon							
STREET ADD	DRESS (NO P.O. BOX)					MAILING ADDRE	SS						
	,												
CITY		STATE	ZIP CODE	AREA CODE/PHON	NE	CITY			STATE	ZIP CODE	AREA C	ODE/PHON	NE
Sacramento		CA	95814	((21)3) -738-8405		San Francisco			CA	94102	(415) 55	53-3280	
	FAX/E-MAIL ADDRESS		2011	((21)3) 730 0103		OPTIONAL: FAX/E-MAIL ADDRESS							
2. Name of	f Candidate or Meas	ure Supp	orted o	r Opposed								CHEC	K ONE
NAME OF CA	NDIDATE					OFFICE SOUGHT OR HE	LD AND DISTR	RICT, IF APPLICA	BLE			SUPPORT	OPPOSE
NAME OF BAI	LLOT MEASURE					BALLOT NO./LETTER	JURISDICTIO	N				SUPPORT	OPPOSE
Classification	n by Race, Ethnicity, Color or Nation	nal Origin				54	Statewide						X
3. Indeper	ndent Expenditures	Made Attac	h additional	information on app	ropriate	ely labeled continuation	sheets.				CLIMUII	ATIVE TO	
DATE	NAME A	AND ADDRESS	OF PAYEE			DESCRIPTION OF E	EXPENDITURE		AMC	UNT	l CAI	ENDAR YI N.1 - DEC.:	EAR
9/17/2003	Bendixen and Associates, Inc Coral Gables, FL 33134	:.			Expense	es for Phonebank			\$16,000.00		\$16,000.00		· · · · · · · · · · · · · · · · · · ·
9/6/2003 CA State Council of Service Employees COPE			Phonebank				\$536.70		\$536.70				
	Sacramento, CA 95814												
9/6/2003	Hotel Employees and Restau Washington, DC 20007	rant Employees	International	Union	Phoneb	ank			\$999.90		\$999.90		

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 9/25/2003	CALIFORNIA FORM	465	
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Belo	ow) through 9/20/200)3		Page 2 of 5		
	Amendment No 000	(Expansion	Date of election i	f applicable:		For Official Use		
	Report No CM4	_	10/7/2003					
1. Comr	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)			
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER				
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE	
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS				
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE	
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE	
3. Indep	endent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR	
9/6/2003	Hotel Employees and Restaurant Employ Los Angeles, CA 90017	yees Local 11 Phor	nebank		\$486.00	\$486.00		
9/6/2003 Political Data, Inc. Burbank, CA 91507 Phoneb		nebank		\$988.72	\$988.72			
9/15/2003	Rita Copeland dba River City Business S Sacramento, CA 95841	Svcs. Phot	nebank		\$1,805.87	\$1,805.87		

Expendi	mental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 9/25/2003	CALIFORNIA FORM		RI
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>9/20/200</u>)3		Page ³	of <u>5</u>	
	Amendment No 000	-	Date of election i	f applicable:		For Official U		_
	Report No CM4	-	10/7/2003					
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)			
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER				
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	ODE AREA CODI	E/PHONE	
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS				
2. Name of C	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		CHECK ONE	
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		su	PPORT OPPO)SE
3. Indepe	endent Expenditures Made At	tach additional information on appropri	ately labeled continuation	sheets.		CUMULATI	VE TO DATE	_
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALEN (JAN.1	VE TO DATE DAR YEAR - DEC.31)	
	Internal Revenue Service Ogden, UT 84409	Phon	ebank		\$.00	\$.00		
9/6/2003	Service Employees International Union L Los Angeles, CA 90017	ocal 1877 Phon	ebank		\$523.11	\$523.11		
9/6/2003	Service Employees International Union L Los Angeles, CA 90020	ocal 660 Phon	ebank		\$400.00	\$400.00		

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 9/25/2003	CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Belo	ow) through 9/20/200)3		Page 4 of 5		
,	Amendment No 000	- Tanonamora (Explain Box	Date of election i	if applicable:		For Official Use		
	Report No CM4	_	10/7/2003					
1. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)			
COMMITTEE	/FILER'S NAME		NAME OF TREA	ASURER				
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE	
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS				
2. Name of	f Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT. IF	- APPLICABLE		ECK ONE	
				,				
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE	
3. Indeper	ndent Expenditures Made A	1	iately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DI	TO DATE R YEAR EC.31)	
9/15/2003	Telincs Communications, Inc. Los Angeles, CA 90005	Phor	nebank		\$2,500.00	\$5,000.00	,	
9/19/2003 Telincs Communications, Inc. Los Angeles, CA 90005 Phonet		nebank		\$2,500.00	\$5,000.00			
9/6/2003	Voter Improvement Program Los Angeles, CA 90006	Phor	nebank		\$800.00	\$800.00		

Supplemental Independent

Type or print in ink. Amounts may be rounded

	SUPPLEMENTA	<u>L INDEPENDENT EXPENDITURE</u>
	Report covers period	CALIFORNIA 465
om	1/1/2003	FORM TUJ

Expenditure Report			to w	vhole dollars.	from	1/1/2003	FOR	M 465
					from	1,1,2000		
SEE	INSTRUCTIONS ON REVERSE				through	9/20/2003	Page <u>5</u>	of <u>5</u>
NAN	NE OF FILER						I.D. NUMB	BER (If recipient com.)
Con	nmunity Civic Participation Project sponsored by Labor Organi	zations					1258279	
4.	Summary							
	1. Total independent expenditures made of \$	100 or more tl	his period. (Part 3.).					\$27,540.30
	2. Total independent expenditures under \$10	00 made this n	eriod (Not itemized	1)				\$5,779.70
								#22.220.00
	3. Total independent expenditures made this	period (Add L	_ines 1 + 2.)				TOTAL	\$33,320.00
5.	Tiling Officers Enter the name and address o 1) NAME OF FILING OFFICER Secretary of State	f each filing office	r with whom the filer's me	3) NAME OF FILING	OFFICER		n filed.	
5.		f each filing office	r with whom the filer's m		OFFICER		n filed.	
5.	NAME OF FILING OFFICER Secretary of State	f each filing officer	er with whom the filer's me	3) NAME OF FILING Sacramento County	OFFICER	ters	n filed.	ZIP CODE
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET)			3) NAME OF FILING Sacramento County I ADDRESS	OFFICER	ters		ZIP CODE 95827
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY	STATE	ZIP CODE	3) NAME OF FILING Sacramento County I ADDRESS CITY	OFFICER Registrar of Vo	ters	STATE	
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY Sacramento	STATE	ZIP CODE	3) NAME OF FILING Sacramento County I ADDRESS CITY Sacramento	OFFICER Registrar of Vo	ters (NO. AND STREET)	STATE	
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY Sacramento 2) NAME OF FILING OFFICER	STATE	ZIP CODE	3) NAME OF FILING Sacramento County I ADDRESS CITY Sacramento 4) NAME OF FILING	OFFICER Registrar of Vo	ters (NO. AND STREET)	STATE	
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY Sacramento 2) NAME OF FILING OFFICER Los Angeles County Registrar Recorder	STATE	ZIP CODE	3) NAME OF FILING Sacramento County I ADDRESS CITY Sacramento 4) NAME OF FILING San Francisco Count	OFFICER Registrar of Vo	ters (NO. AND STREET) order	STATE	

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on		By Gribbon Gribbon Gribbon
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	9/22/2003	By Gribbon Gribbon Gribbon
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT